

**INSURANCE LICENSING SECTION**

2910 N. 44th Street, Suite 210

Phoenix, Arizona 85018-7269

Phone: 602-DOI-4-ILS (364-4457) Fax: 602-364-4460 E-mail: Licensing@id.state.az.us

**VOLUNTARY SURRENDER OF INSURANCE LICENSE***For licenses to be surrendered on or after January 1, 2005***By completing this form, you will be surrendering Arizona license authority.****IMPORTANT! Arizona Revised Statutes (A.R.S.) §20-289(F) states, “A person who surrenders an authority or a license under this subsection shall not reapply for the same authority or license for at least one year after the date of the surrender.”****If you are moving from Arizona and wish to retain Arizona license authority, complete Form L-CRT instead.****PLEASE PRINT EXCEPT ON THE SIGNATURE LINE.**

1. Licensee's Full Name (First, Middle, Last):		2. License Number:	
3. Mailing Address:		4. Phone #:	
5. Resident or Non-resident? <input type="checkbox"/> Resident* <input type="checkbox"/> Non-Resident** *If resident, go to # 6 **If non-resident, skip # 6 and go to #7.		6. <b>(RESIDENTS ONLY)</b> Does licensee want to remain licensed in Arizona after relocating to another state? <input type="checkbox"/> YES – If YES please complete form L-CRT (disregard this form) <input type="checkbox"/> NO	
7. What insurance license authority do you want to surrender? <input type="checkbox"/> ALL (to surrender the entire Arizona license) <b><u>OR</u></b> <input type="checkbox"/> ONLY THE LINES OF AUTHORITY LISTED BELOW (below, please provide the list of authority to be removed from your Arizona insurance license):  _____  _____  _____			
<b>To surrender your Arizona authority, send this completed form to the address above.</b>			
<b>ATTESTATION FOR SURRENDER OF LICENSE</b>			

By my signature below, I signify my understanding that in accordance with A.R.S. § 20-289(F) I shall be prohibited from reapplying for the lines of Arizona insurance license authority that I am surrendering for period of at least one year after the date of the license surrender.

Signature of Licensee: \_\_\_\_\_ Date: \_\_\_\_\_